



Town of Floyd Summer Park Program

Employment Application

*Send completed application to supervisor@floydny.gov

Full Name:

Address:

City:

State:

Zip:

Phone:

Email:

Date of Birth:

Position Applying For:

Program Director

Counselor

Junior Counselor

Other

If Other:



Town of Floyd Summer Park Program

Employment History

Employer #1

Employer:

Position:

Supervisor:

Dates Employed:

Reason for Leaving:

Employer #2

Employer:

Position:

Supervisor:

Dates Employed:

Reason for Leaving:

Employer #3

Employer:

Position:

Supervisor:

Dates Employed:

Reason for Leaving:



Town of Floyd Summer Park Program

Education, Experience & Certifications

School/College:

Degree/Grade Level:

Experience Working With Children:

Certifications:

CPR

First Aid

AED

Lifeguard

WSI

Additional Certifications:



Town of Floyd Summer Park Program

Professional References

Reference #1

Name:

Relationship:

Phone:

Email:

Reference #2

Name:

Relationship:

Phone:

Email:

Reference #3

Name:

Relationship:

Phone:

Email:



Town of Floyd Summer Park Program

Background Check & Acknowledgments

I authorize the Town of Floyd to conduct lawful background checks.

I agree to follow all Town of Floyd Summer Park Program policies and procedures.

Applicant Comments:

Applicant Signature:

Date: